



TACFS Written Testimony to Texas House Human Services Committee September 2020

Interim Charge: Review how Texas is preparing for state and federal budgetary changes that impact the state's health programs (FFPSA)

The federal Family First Prevention Services Act (FFPSA), passed in February 2018, seeks to prevent children from entering foster care by investing in “front-end” evidence-based services, reduce the use of group residential care in favor of family-like settings, and strengthen support for kinship care. FFPSA allows states to draw down a new stream of Title IV-E funding to pay for mental health, substance abuse, and parent training services for families whose children are at imminent risk of removal. Prevention services under FFPSA can be provided for children and/or their caregivers for up to 12 months, but only for programs that have been designated as an evidence-based practice (EBP) by a federal Clearinghouse established to conduct research reviews and assign evidence ratings.

The legislation largely became effective in October 2019 but states were able to delay implementation of FFPSA for a period of up to two years. Beyond that time, Texas will no longer be able to access Title IV-E foster care maintenance payments for IV-E eligible children in many of the types of congregate care settings used today. In order for this loss of federal funds to be cost neutral to the state, Texas has to succeed in placing more children in family-like settings (relative or foster care) and/or reduce the number of children entering the state's care through evidence-based prevention services.

States cannot delay FFPSA implementation beyond the guidance already provided – at least one large state recently approached the federal government about a delay for COVID-19 but at this point Congress has not been receptive. Based on the timing of the law's implementation, Texas must take action in the 87th Legislature (2021) to ensure the state makes the appropriate investments in modernizing congregate care settings and builds greater foster care and prevention service capacity.

Family First Transition Act

The Family First Transition Act (FFTA), signed into law by the president on December 20, 2019, supports implementation of the FFPSA. The Act phases in the requirement on the types of prevention programs for which states can receive federal reimbursement. By temporarily suspending the requirement that 50% of state prevention program expenditures must be for the highest evidence tier of programs (those that are classified as well-supported), jurisdictions and program developers were given more time to examine programs' existing evidence and to begin strengthening the evidence base for prevention programs that qualify for Title IV-E funding.

An additional \$500 million in flexible, one-time funding was provided to support FFPSA implementation, acknowledging the substantial work required for states to update their infrastructure and launch new initiatives and programs related to the FFPSA. DFPS reports in its FFPSA strategic plan that Texas received \$50.3 million to spend through federal fiscal year 2024.

Texas FFPSA Strategic Plan

On September 1, 2020, the Department of Family and Protective Services (DFPS) released an FFPSA Strategic Plan (not Texas' formal plan to the federal government). The plan summarizes a number of options available to the state, including nine options related to prevention services, an option related to congregate care, and an



option related to kinship care. However, the plan does not favor or prioritize any options – allowing the Legislature to determine a cohesive vision for Texas.

TACFS is broadly supportive of the options presented in the DFPS FFPSA Strategic Plan. The options presented are consistent with the recommendations included in this report and supported by our network. However, we urge the Legislature to take a thoughtful and focused approach to implementation, determining the best approach for Texas moving forward. There are a several major implementation efforts underway in Texas, including Community Based Care (CBC) and the Judge’s orders from the Federal Foster Care lawsuit. These efforts, in addition to FFPSA, rely heavily on child and family organizations across Texas to carry out. Successful implementation will require the state to focus our efforts and align them with existing initiatives.

Specific strategic plan concerns:

- Option 1A moves the existing Family Based Safety Services (FBSS) program into the Community Based Care (CBC) model. However, there are challenges with the current FBSS service array, funding level, and overall structure. FFPSA offers an opportunity to take a broader approach to prevention services and integrates evidence-based practices. Moving prevention services into CBC is a worthy option, but a continuation of the existing FBSS program is problematic.
- Option 2G funds DFPS staff to provide evidence-based services where community capacity exists. This blurs the line between the FBSS caseworker role and that of service provider (which the state has largely separated) and uses funding that would be better spent building community capacity.

Considerations Regarding Texas’ FFPSA Implementation

Consideration 1: Texas general residential operations do not have clear direction from DFPS on the populations for which the state desires to use continue using congregate care (e.g., for children with complex needs, intellectual and developmental disabilities). They will need to become accredited, need clear training and technical assistance, as well as funding, on how to convert their operations to QRTPs.

Consideration 2: Texas children lack widespread access to evidence-based prevention services. In order to increase access, the state needs a strategy to build capacity among community-based providers. In a survey deployed by DFPS through the Texas Center for Child and Family Studies (herein known as “the Center”) in 2019, significant gaps were identified between the services currently being offered by community providers in the state and the programs that have been approved to date as FFPSA-qualifying EBPs. In addition:

- Among mental health providers, only one intervention in wide use (Trauma-Focused Cognitive Behavior Therapy) has been approved as an EBP, but at the lowest level of evidence, which restricts the amount of funding that the state can draw down for it.
- Among substance abuse treatment providers, only one modality in wide use (Motivational Interviewing) has been approved as an EBP at the highest evidence level, but it is an approach to increasing motivation to engage in behavior change, not a clinical intervention to treat substance abuse.
- Among in-home parent training providers, the most common program approved as an EBP at the highest evidence level (Parents as Teachers) is used by only 18 percent of survey respondents. No other programs approved for in-home parent training are in wide use among providers who responded to the survey.



Consideration 3: Provider responsibility to comply with FFPSA standards for EBPs is too great without state support. The 2019 provider survey found widespread willingness to augment or modify their service arrays to include more FFPSA-qualifying EBPs. Most organizations, however, would need the state to pay all or most of their upfront expansion costs, which could include the cost of purchasing new programs, training existing staff, hiring new staff, and/or obtaining additional physical space.

Consideration 4: Because of the definitions of QRTP established by FFPSA, Centers for Medicare and Medicaid Services (CMS) considers a QRTP to be an Institution of Mental Disease (IMD). If not resolved at a Federal level, a designation of an IMD, could jeopardize Medicaid eligibility for children in foster care placed in these settings. States around the country are elevating this concern and working with national policy-makers on “fixes”. Texas should continue to review this issue for possible fiscal impact and engage in discussions to ensure children in foster care maintain their Medicaid coverage, regardless of their placement setting.

Recommendations

Recommendation 1: Appropriate the \$50.3 million in federal funds received from the Family First Transition Act to DFPS for the purposes of:

- Providing technical support, training, and policy direction to general residential operations/residential treatment centers to *planfully* support the modernization of their service delivery model to meet QRTP requirements. This approach could be utilize ideas and lessons learned through the approach used by the legacy Department of Aging and Disability Services (DADS), shifting individuals with developmental disabilities toward home and community-based waiver residential services.
- ***Building greater foster and kinship family capacity.*** Child placing agencies have to recruit additional foster families and build specialized capacity such as therapeutic foster care to reduce use of congregate care. These homes take time to develop and require highly trained and dedicated foster parents and supporting organizations. Recruitment is more challenging due to the ongoing uncertainty surrounding the foster care lawsuit, and has been exacerbated during the COVID-19 pandemic. This effort will need to be strategic and involve a collaboration between DFPS, SSCCs, and child placing agencies.
- ***Investing in community provider capacity for the delivery of EBPs.*** Providers have historically bared some financial responsibility for elevating quality but should be able to access a pool of grant funding to offset some of the costs of training, staffing, and other administrative costs that serve as barriers to development of EBPs today.

Recommendation 2: Direct DFPS to review the entire continuum of prevention services available (Prevention and Early Intervention programs, Alternative Response, purchased services available to children and families through FBSS, post-adoption services) to identify opportunities to:

- revisit program eligibility criteria (e.g., consider expanding eligibility criteria for PEI programs to include children whose families have some CPS system involvement);
- streamline administration of these programs to reduce administrative burden for those offering multiple types of services;
- invest in community based service provider capacity in accordance with planned implementation; and



- redesign and improve the FBSS program through the CBC model and in legacy service areas including fundamental redesign of the service array.

Recommendation 3: The DFPS Family First Prevention Services Act (FFPSA) strategic plan contemplates family preservation services being incorporated into CBC. TACFS acknowledges that both the State and SSCCs will need strong community based service providers equipped with evidence-based programming, trained and skilled staff, strong community relationships and method to finance true family preservation services rather than the current Family Based Safety Services stage of CPS service. This stage is very limited on the service it provides and instead leans heavily on referrals to community programs that may or may not be available, regular CPS caseworker visits, and safety plans.

TACFS supports further study of this option to grow prevention services capacity across the State. In addition, TACFS supports development of a detailed plan for incorporating family preservation into CBC that appropriately shares risk between the SSCC and the State, incentives up-front work with families, assesses resource needs for SSCCs and community based service providers, a sound financing methodology and performance measures jointly developed between the State, SSCCs and community service providers.

Programs currently reviewed and Rated by the Clearinghouse

Category	Program	Rating ¹
Mental Health	Brief Strategic Family Therapy	★★★
	Child-Parent Psychotherapy	★
	Functional Family Therapy	★★★
	Incredible Years – Parents & Babies Program	∅
	Incredible Years – Preschool Basic Program	∅
	Incredible Years – School Age Basic Program	★
	Incredible Years – Toddler Basic Program	★
	Interpersonal Psychotherapy (Stuart & Robertson Manual)	∅
	Interpersonal Psychotherapy (Weissman, et al. Manual)	★★
	Multidimensional Family therapy	★★
	Multisystemic Therapy	★★★
	Multisystemic Therapy for Child Abuse & Neglect	∅
	Parent-Child Interaction Therapy	★★★
	Trauma-Focused Cognitive Behavioral Therapy	★
	Triple P – Positive Parenting Program – Group (Level 4)	★
	Triple P – Positive Parenting Program – Online (Level 4)	∅
	Triple P – Positive Parenting Program – Self Directed (Level 4)	★
	Triple P – Positive Parenting Program – Standard (Level 4)	★
Substance Abuse	Brief Strategic Family Therapy	★★★
	Families Facing the Future	★★
	Family Behavior Therapy – Adolescent	∅
	Family Behavior Therapy – Adult	∅
	Family Behavior Therapy – Adult with Child Welfare Supplement	∅

¹ Key: ∅ = Does not meet criteria, ★ = Promising, ★★ = Supported, ★★★ = Well Supported



	Methadone Maintenance Therapy	★
	Motivational Interviewing	★★★★
	Multidimensional Family Therapy	★★
	Multisystemic Therapy	★★★★
	Seeking Safety	∅
	The Seven Challenges – Adolescent	∅
	The Seven Challenges – Adult	∅
In-Home Parent Skill-Based	Brief Strategic Family Therapy	★★★★
	Healthy Families America	★★★★
	Homebuilders – Intensive Family Preservation and Reunification Services	★★★★
	Multidimensional Family Therapy	★★
	Nurse-Family Partnership	★★★★
	Nurturing Parenting Program for Parents & Their Infants, Toddlers & Preschoolers	∅
	Nurturing Parenting Program for Parents & Their School Age Children, 5 to 11 Years	∅
	Parents as Teachers	★★★★
	Safecare	★★
	Solution-Based Casework	∅
Kinship Navigator	Children's Home Society of New Jersey Kinship Navigator Model	∅
	Kinship Interdisciplinary Navigation Technological-Advanced Model (KIN-TECH)	∅
	Ohio's Kinship Supports Intervention / ProtectOHIO	∅

Source: Retrieved from Title IV-E Prevention Services Clearinghouse, <https://preventionservices.abtsites.com>, September 26, 2020